

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
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20						
21						
22						
23						
24						
25		1				
26		2				
27		1				
28		1				
29		1				
30		2				
31		2				
32		1				
33		1				
34		1				
35		2				
36		2				
37		2				
38		2				
39		2				
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	4					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	42					

	CLAIMS					
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		2				
53		1				
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						